MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118115

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Queen Annes — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (in this place) 9 1/2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) OPHELLIA (Middle) ALICE (Last) BLADES

4. DATE OF DEATH: (Month) Aug (Day) 19 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar. 2-1870

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fredericksburg Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Jennings

14. MOTHER'S MAIDEN NAME: Rebecca Layton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs William F. Leverton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart & Arteriosclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured hip

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

904.0
186a

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) Centreville | (COUNTY) Q A | (STATE) Md

TIME OF INJURY (Month) Aug (Day) 2 (Year) 44 (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? Fall

22. I hereby certify that I attended the deceased from 5-1, 1944, to 8/14, 1949, that I last saw the deceased alive on 8/14, 1949, and that death occurred at 5:45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. J. McPherson ADDRESS Centreville Md. DATE SIGNED 8/20/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Aug 22-49 | NAME OF CEMETERY OR CREMATORY Western | LOCATION (City, town, or county) Baltimore (State) Maryland

DATE REC'D BY LOCAL REG. Aug 20-49 | REGISTRAR'S SIGNATURE Edna Armstrong

24. FUNERAL DIRECTOR Barton Bros. ADDRESS Centreville, Md

RECEIVED
AUG 23 1949
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08106

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County: Queen Anne

City or town: Grasonville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Queen Anne

City or town: Grasonville
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: none

3.(a) FULL NAME: Wilbur Hutchinson Collins

3.(b) Social Security Number: 162-18-2113 A

4. Sex: M

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Rebecca Richards Collins

6.(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): December 27, 1876

8. AGE: Years: 72 Months: Days: If less than one day: hrs. min.

9. Birthplace: Connellsville, Pa.
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: Railroading & Real Estate

FATHER
12. Name: George Collins
13. Birthplace: Connellsville, Pa.

MOTHER
14. Maiden name: Annie Berry
15. Birthplace: Connellsville, Pa.

16. Informant: Rebecca Collins

Address: Grasonville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 30. 49 (month) (day) (year)

Cemetery or ~~crematory~~: Homewood

Location: Dallas Ave Pittsburg Pa

18. Funeral director: Barton Bros

Address: Centreville Maryland.

19. 8-28- 1949 (Date rec'd by registrar) Elsie Armstrong Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 26 1949, at 10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1948, to July 1949 and that I last saw him alive on August 26 1949

Immediate cause of death	DURATION
Coronary Thrombosis	2 hrs.
Due to Arteriosclerotic Cardio-Vascular Disease	4 yrs.
Due to 420.1	
Other conditions 93d (Include pregnancy within 3 months of death)	

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: William G. Lowe MD
M. D. or other

Address: Queenstown Md Date signed: 8-27-49

RECEIVED
AUG 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08107

Reg. Dist. No. 2-52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) C. (Last) DOLBY

4. DATE OF DEATH: (Month) Aug (Day) 12 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: November 11-1893

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): New Haven Conn.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Isaac E. Dolby

14. MOTHER'S MAIDEN NAME: Dora Mae Dunkee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. None

17. INFORMANT: Isaac E. Dolby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Disease of II Carburetor

260

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

61

(b) II Nausea

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/7, 1949, to 8/12, 1949, that I last saw the deceased alive on 8/12, 1949, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE H. B. McPherson (Degree or title) ADDRESS Centreville Md DATE SIGNED 8/13/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Aug 15-49 | NAME OF CEMETERY OR ~~CREMATORY~~ Chesterfield | LOCATION (City, town, or county) Centreville (State) Md

DATE REC'D BY LOCAL REG. Aug 14/1949 | REGISTRAR'S SIGNATURE Elsie Armstrong | 24. FUNERAL DIRECTOR Easton Bros ADDRESS Centreville Md

RECEIVED
AUG 19 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08108

CERTIFICATE OF DEATH

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Starr.; MARYLAND; LENGTH OF STAY (In this place) 40 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Starr Rd.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William; (Middle) James; (Last) Hawkins

4. DATE OF DEATH: (Month) 8; (Day) 10; (Year) 1949

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-11-1878

9. AGE last birthday: 71 yrs. If under 1 year: Months —; Days —. If under 24 hrs.: Hours —; Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer on Farm

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William J Hawkins

14. MOTHER'S MAIDEN NAME: Mary Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. SOCIAL SECURITY NO.: no.

17. INFORMANT: Sarah Hawkins Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart

593 Antecedent cause(s)

132 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nephritis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11, 1949, to Aug 10, 1949, that I last saw the deceased alive on Aug 7, 1949, and that death occurred at 2:9 m., from the causes and on the date stated above.

SIGNATURE W. J. McPherson (Degree or title) ADDRESS Centreville, Md. DATE SIGNED 8/13/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE Aug. 13-49; NAME OF CEMETERY OR CREMATORY Chesterfield Cemetery; LOCATION (City, town, or county) Centreville; (State) Md.

DATE REC'D BY LOCAL REG. 8/14/49; REGISTRAR'S SIGNATURE Elsie Armstrong

24. FUNERAL DIRECTOR J. Virgil Moore; ADDRESS Denton

RECEIVED
AUG 19 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08109

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Queen Annes — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville
LENGTH OF STAY (in this place) all his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Centreville
STREET ADDRESS (If rural, give location) 1 Mile South of Centreville

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) ELLSWORTH (Last) MEREDITH

4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: NOV. 22-1906

9. AGE last birthday: 42 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Queen Annes Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas E. Meredith

14. MOTHER'S MAIDEN NAME: Minnie Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs William E. Meredith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 Immediate cause (a) Chronic Interstitial Nephritis — INTERVAL BETWEEN ONSET AND DEATH

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uraemia Poisoning

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis & Rheumatism

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1949, to Aug 17 1949, that I last saw the deceased alive on Aug 16, 1949, and that death occurred at 7:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Henry Fisher - M. D. Centreville Md 8/18/49

23. BURIAL, CREMATION / REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR ~~CREMATORY~~ | LOCATION (City, town, or county) (State)

Burial | Aug 20-49 | Chesterfield | Centreville Maryland

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

8/18/49 | Elsie Armstrong | Baetz Bros | Centreville Maryland

RECEIVED
AUG 23 1949
BUREAU F. D.

08110

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Centreville
LENGTH OF STAY (in this place) 10 days
~~HOSPITAL~~ OR ~~INSTITUTION~~ OR STREET ADDRESS Mt. Price, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) SARAH (Middle) CARTER (Last) MOORE
4. DATE OF DEATH (Month) Aug. (Day) 17 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov. 27-1869
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Church Hill, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Carter
14. MOTHER'S MAIDEN NAME Mary Ann Story

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT Miss Elizabeth Fearins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442 Immediate cause	(a) Massive Cerebral Haemorrhage	5-10 min
131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Cardio Vascular Renal Disease	10 years or more
	(c) Generalized Arteriosclerosis	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1949, to Aug 17, 1949, that I last saw the deceased alive on Aug 15, 1949, and that death occurred at 4 40 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C R Layton MD ADDRESS Centreville Md DATE SIGNED 8-18-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 21-49
NAME OF CEMETERY OR ~~CREMATORY~~ Chesterfield
LOCATION (City, town, or county) Centreville (State) Maryland

DATE REC'D BY LOCAL REG. 8-18-49
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Barton Bess ADDRESS Centreville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 23 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08111

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH · COUNTY Queen Anne's · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Church Hill
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md · COUNTY Queen
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Church Hill Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Perry (Middle) V (Last) Sewell

4. DATE OF DEATH (Month) Aug (Day) 13 (Year) 1949

5. SEX M

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Mar 24 - 1859

9. AGE last birthday 90 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Labor

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME John Sewell

14. MOTHER'S MAIDEN NAME Eliza Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Sadie Saunders

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart

Antecedent cause(s) 450.0 95c

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 19 41, to 8/13, 19 49 that I last saw the deceased alive on 8/10, 19 49, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE W. H. McPherson (Degree or title) ADDRESS Centreville DATE SIGNED 8/17/49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE Aug 17-49 | NAME OF CEMETERY OR CREMATORY Rosedale | LOCATION (City, town, or county) Near Church Hill (State) Md

DATE REC'D BY LOCAL REG. Aug 17 | REGISTRAR'S SIGNATURE Edgar L. Lane

24. FUNERAL DIRECTOR Edgar L Lane | ADDRESS Church Hill Md

RECEIVED
SEP 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08112

CERTIFICATE OF DEATH

Reg. Dist. No. 2-52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne's MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville; LENGTH OF STAY (in this place) 3 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del., COUNTY New Castle; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington Del.; STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Preston (Middle) (Last) Leat

4. DATE OF DEATH: (Month) Aug (Day) 16 (Year) 1949

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 16-1886

9. AGE last birthday: 63 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butler

10b. KIND OF BUSINESS OR INDUSTRY: House man

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lowell Leat

14. MOTHER'S MAIDEN NAME: Emma Handy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Walter Leat

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	1 hr.
420.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular Disease	5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9, 1949, to Aug 15, 1949, that I last saw the deceased alive on Aug 15, 1949, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William C. Lang MD ADDRESS: Queenstown, Md DATE SIGNED: Aug. 18, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: Aug 20-49 NAME OF CEMETERY OR CREMATORY: Bunsville LOCATION (City, town, or county): Bunsville (State): Md

DATE REC'D BY LOCAL REG. 8-18-49 REGISTRAR'S SIGNATURE: Elsie Armstrong

24. FUNERAL DIRECTOR: Edgar L Lane Church Hill Md ADDRESS

RECEIVED
AUG 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08113

CERTIFICATE OF DEATH

Reg. Dist. No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Queen Annes — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Centreville
STREET ADDRESS (If rural give location) Burrsville

3. NAME OF DECEASED (Type or Print): (First) HOWARD (Middle) J. (Last) WHITBY

4. DATE OF DEATH: (Month) Aug (Day) 5 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 3-1882

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Whitby

14. MOTHER'S MAIDEN NAME: Sarah L. Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Agnes J. Whitby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia — Interval between onset and death:

490

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

108

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mch 26, 1949, to Aug 5, 1949, that I last saw the deceased alive on Aug 4, 1949, and that death occurred at 12 30 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

W. Henry Fisher - M.D | Centreville Md | 8/6-49

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF Aug 8-49 | NAME OF CEMETERY OR ~~CREMATORY~~ Chesterfield | LOCATION (City, town, or county) (State) Centreville Maryland

DATE REC'D BY LOCAL REG. Aug 6-49 | REGISTRAR'S SIGNATURE Elsie Armstrong

24. FUNERAL DIRECTOR Baston Bros | ADDRESS Centreville Md

RECEIVED
AUG 15 1949
BUREAU V. S.